



Department of Health & Human Services
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices

New M+C Mid-Year Plan Application

(Contract Number)

(Name of Organization)
(Address)

(Contact Person)
(Telephone Number)

(Date)

I. General Information

M+COs are required to submit a New Mid-Year Plan application in order to create new M+C plans during the contract year if the creation of the new plan(s) would change the existing provider network/service area. The new M+C plan must be introduced in an approved service area under the contract, meet network adequacy requirements, and have reasonable benefits and cost sharing. New plans must be approved by CMS and may not be marketed prior to CMS approval of the plan. The new plan cannot replace any existing plans where the ACRP has been approved. The M+CO must maintain an adequate provider network to ensure access and availability of all medical services for existing plans and the new mid-year plan(s). The approved renewal plans must continue to be marketed to members throughout the contract year even if a new plan is offered in the same service area during the contract year.

An M+CO that wants to enhance its benefits through the introduction of a new plan without changing the existing provider network/service area is excluded from this application requirement; however, submission of the ACRP and PBP through HPMS as well as submission of supporting documentation are still required.

II. Format and Submission Requirements

A. M+COs wishing to offer new mid-year plans should submit the following information as part of its application to the appropriate CMS Regional Office Plan Manager with a copy to the CMS Central Office Plan Manager:

1	Narrative that Includes: a) Description of the proposed plan(s) b) Explanation of how the new plan's network will meet access and availability standards c) Explanation of what providers will serve the existing and proposed plan(s) (e.g. Home Health) d) Projection and rationale for the number of members to be enrolled in the new plan	
2	Exhibit A – Listings of providers (PCPs, Specialists, Hospitals, and SNFs), specialty, location, hospital privileges, group association, plan assignments; and breakdown of current plan membership and proposed plan membership	
3	Exhibit B – Maps showing the geographic service areas of the proposed new plan(s) as well as the M+CO's existing plans that overlap or are in close proximity to the new plan's service area	
4	Exhibit C – Maps showing the location of each provider that is included in each plan's provider network	
5	Exhibit D – Maps showing member locations	
6	Exhibit E – Provider Directory	
7	Exhibit F – All Member Correspondence Relating to the New Mid-Year Plan	
8	Exhibit G - Summary of Benefits	
9	Exhibit H - Evidence of Coverage	

B. In addition, M+COs should submit an ACRP and PBP through HPMS and mail a hardcopy of the ACRP, including signatures, and all supporting documentation for the new plan (e.g. items 1 through 9 listed above) to the following address:

LMI
Attn: ACRP
2000 Corporate Ridge
McLean, VA 22102-7805

III. Additional Information

CMS will accept ACRPs to add a new mid-year plan until July 1 of the contract year. Upon upload of the ACRP for the new mid-year plan in HPMS, the M+CO will be asked to select a proposed effective date. *New mid-year plans may be effective no earlier than February 1 and no later than September 1 during the contract year.* Please note that all effective dates must occur on the first of the month. The approved effective date may differ from the proposed effective date depending on the application review and approval process.

<p><i>Note: M+COs that want to offer a new M+C plan type, e.g. Private Fee-for-Service plan or PPO plan, must submit a full M+C application to CMS.</i></p>

Questions regarding the New Mid-Year Plan Application should be directed to Rosanna Johnson at (410) 786-1148.